

**2018 Innovative Substance Abuse Prevention Programs, Practices and Policies**  
**APPLICATION COVER SHEET**  
**(INCLUDE WITH APPLICATION)**

**1. Has this intervention been submitted for an Innovative Practices Award in previous years?** [Circle one]

Yes    No

**2. What is the primary target for this program, practice or policy?** [Circle one]

Individual                  School-Based                  Family/Parent                  Peer/Group  
Workplace                  Environmental/Community-Based                  Other

If Other, explain: \_\_\_\_\_

**PROGRAM INFORMATION**

Program Name \_\_\_\_\_

Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

**NOMINATING AGENCY/ORGANIZATION INFORMATION**

Agency/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

\_\_\_\_\_  
Nominating Agency Signature

\_\_\_\_\_  
Date